

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

0/516682

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	1	↓	1	↓	↓	
TOTAL DEP.	6	←	11	←	←	
TOTAL CLADS	7	[REDACTED]	12	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	↓	
TOTAL DEP.		←		←	←	
TOTAL CLADS		[REDACTED]		[REDACTED]	[REDACTED]	